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Intern Year Review

A Presentation Prepared For:

Comhairle na nDochtúirí Leighis
Medical Council

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Research & Strategic Objectives

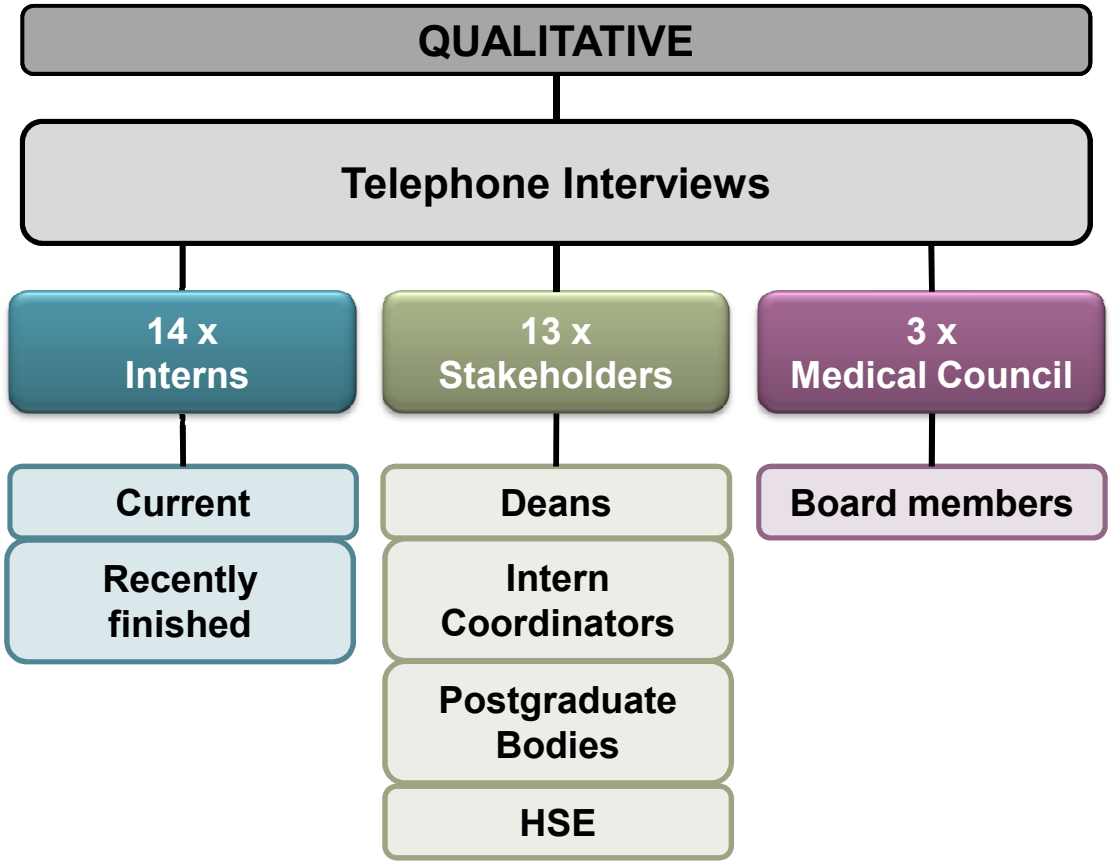
- **The primary research objective was:**

> ***"To review the intern year amongst key stakeholders to provide additional insight to previously conducted quantitative research in relation to the strengths, weaknesses, opportunities and challenges that face those in the clinical learning arena."***

- **In particular the findings of the "Your Training Counts" survey indicated a requirement to focus on exploring further the perceptions of:**
  - **Quality and timing of feedback provided during training,**
  - **Professional relationships between interns and consultants,**
  - **The role of education supervisors, and**
  - **Patient safety concerns.**
- **Additionally the research sought to understand:**
  - **The challenges faced when transitioning into the intern year from medical school, and**
  - **The level of preparedness amongst interns both for the intern year and upon completion of the intern year.**

Methodology

- The research was conducted using qualitative in-depth interviews which were conducted by telephone.
- Respondents were selected and contacted by Amárach Research using a list from the Medical Council.
- Interns received a €100 voucher as an incentive for participation.
- A discussion guide based on the research objectives was developed between The Medical Council and Amárach Research. This was adapted slightly for each of the stakeholder groups.



The research design ensured that the views of a wide variety of stakeholders were captured.

MAIN FINDINGS

SECTION 1:
Pre- Intern Year and Preparedness

Preparedness: Expectations

Positives

- Most interns based their expectations on speaking to peers and from any informal observations made in a hospital setting.
- Information sessions about the matching process and then induction week were seen as the key sources of information on their intern year.
- Some interns reported experiencing intern-lead teaching once a week during an 8-week hospital placement and cited this as an excellent introduction to the year.

> *"Intern year was mentioned from the get-go in final med."* Intern.

Challenges

- There was felt to be little information about the intern year until the final year of medical school.
- There were no notable challenges in this area as additional information was neither desired nor sought after given the emphasis on exams during medical school.

> *"I knew it was going to be a tough year, but I was excited at the same time."* Intern.

> *"I knew what to expect, I was told the intern year was about paper pushing."* Intern.

> *"They should have an intern handbook for each rotation".* Intern.

Intern year is not at the forefront of medical students minds with focus on examinations. Most knowledge of the intern year is based on conversations with peers and informal observation.

Preparedness: Clinical

Positives

- Most acknowledged the difficulty in fully preparing students for their placements in light of the varying systems and procedures used at each hospital.

> *"That's what intern year is for, the hands on experience."* Intern.

- Some Medical Schools prepare interns extremely well through initiatives such as professional completion modules and sub-internships.
- Some interns reported feeling more prepared for the medicine rotations than surgical rotations.

Challenges

- The amount and quality of information provided varied from school to school with some citing that they had been provided with opportunities to practise hands on skills based tasks in advance of the intern year while others had not.

> *"Some interns seem to have done more skills based tasks, like inserting cannulas, before the intern year. Maybe I was too focused on my exams?!"* Intern.

- Desire for increased ACLS training and more intensive, wide-ranging scenario based training and simulated training sessions.

In absence of an extended, more formalised shadowing period there should be more practical training in advance of intern year (e.g. simulations etc).

Preparedness: Administrative & Prescribing

Positives

- Interns felt sufficiently prepared for the administrative tasks they were required to complete and see the importance of these tasks.

> *"The clerical aspects are important."* Stakeholder.

- Most interns mentioned receiving some training on writing prescriptions while at medical school and felt that this was an important and well covered skill.
- Most reported a common range of medicines being prescribed in many departments and that pharmacists were generally very supportive and did not feel there were any issues in this area.

Challenges

- Interns felt unprepared for the volume of these tasks. The majority felt their skills were being wasted on the volume of administrative duties and were frustrated by the inefficient systems within hospitals.

> *"There's far too much of this, it's built into the system. We are trying to stamp it out as it's been a huge problem."* Stakeholder

- Preparedness for prescription writing varied between medical schools with some interns stating they would like to have completed more training in advance.

> *"You go in thinking 'I'm going to be a doctor', but you're not!"* Intern.

However, interns were aware of their position "within the food chain" but believed there could be more efficient ways of managing or capping these tasks.

Matching Process

Positives

- The matching process is largely considered to be an easy to understand, fair and objective method of allocating rotations.
- Most had "some idea" of the process early in Medical School and felt it was a good motivator for exam performance.
- Most interns interviewed had received their top choices and felt this was consistent with other interns.
- Stakeholders highlighted the improvement in this versus previous allocation methods.

Challenges

- Concern over breaking the link with affiliated hospitals and interns being placed in hospitals they have no prior experience in. This is deemed to be fragmented and to increase burden on students and administrative teams.

> ***"It increases the administrative burden across all organisers."***
> Stakeholder

- There was some awareness that non-EU students are placed at the bottom of the list due to European competition law and is deemed unfair amongst interns and stakeholders.
- Some stakeholders indicated a preference for a model similar to UK/ USA where competency and suitability through interviews is also considered.

Overall the matching process is considered to be a fair, objective method of allocating rotations for EU residents. However, the allocations are viewed by many to be flawed with interns being placed into non-affiliated hospitals increasing burden on interns and administrative teams.

Induction Week

Positives

- The most highly rated aspect of the week is 'intern shadowing' where new interns shadow their "predecessor" and many felt that more time should be dedicated to this procedure.
- Scenario based workshops and skills based sessions were deemed very useful, as were the training sessions related to hospital systems and procedures.

"Like all programmes it is designed to give a running start." Stakeholder.

"It was definitely beneficial!" Intern.

"The induction week was a total waste of time for me in a peripheral rotation" Intern.

Challenges

- Experiences of the induction week varied not just by intern but by specific placements and by individual hospitals. The quality of the shadowing experience is dependent upon the intern they shadow.
- Considerable time spent on "box-ticking" exercises such as manual handling, fire safety etc.
- Desire amongst interns and stakeholders for a longer, formal shadowing period (e.g. 1 month after final exams). However, funding this is a challenge.
- Those on "peripheral" internships were less satisfied with the relevance and content of the intern week.

There is certainly aspects of the induction week that could be improved with more formalised shadowing and increased focus on common cases and handover from previous interns.

Additional Quotes:
Pre- Intern Year and Preparedness

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"[University] trained us very well for the admin side of things!" Intern.

"The match process is a bit like the CAO I suppose. The HSE ran through it with us and it was clear." Intern.

"There was intern shadowing available in final year for two weeks. I found it very good but the intern was very busy. A lot of people don't do it though". Intern.

"While I didn't feel well prepared for prescriptions the pharmacist is brilliant, a mine of information! [Hospital] actually have a great 'anti-microbial prescribing app." Intern.

"I felt very prepared, [University] put a huge emphasis on clinical skills. Probably the strongest in the country. We had people from other colleges coming to us for help in the first month." Intern.

Additional Quotes:
Pre- Intern Year and Preparedness

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"We really should not have the pressure of being on-call in the first few weeks at least, it's dangerous if nothing else!" Intern.

"The match process should really be combined with an interview like OCSI based on communication and suitability." Stakeholder.

"Not knowing about the match process until final year definitely made it a lot more stressful." Intern.

"Everyone who trains in Ireland should have access to an intern post, regardless of their EU status." Stakeholder.

"I really would have liked more training before the intern year, especially in the more practical things like taking bloods, catheters, nasogastric tubes. It was a steep learning curve!" Intern.

"I found the match process quite stressful. Coming from Cork to Dublin I didn't know what to expect!" Intern.

"The admin work could really be a lot more efficient in hospitals." Intern.

"More time should be spent shadowing and less time on things like manual handling!" Intern.

"They should really overlap with the previous interns by two weeks or a month." Stakeholder.

"SHOs complete a 'surgical boot camp' where they spend five full days completing technical and non-technical skills. Something like that should be brought into the intern year advance training." Stakeholder

"The shadowing process should really be structured. Saying that though mine was invaluable!" Intern.

SECTION 2: Experience of Intern Year

The Transition into Intern Year

Positives

- Most interns reported being excited to start intern year and apply their knowledge to a clinical setting.
- Some perception of being protected during this transition. Graduate entry students are perceived as being somewhat more prepared.
- The transition is easiest for those placed in a hospital they have prior experience in (e.g. hospitals affiliated with their medical school).
- Stakeholders have seen improvements over the past 10 years.

"It has improved considerably in the last 9 years." Stakeholder.

Challenges

- All highlighted the switch in focus from knowledge based learning in medical school to skills based practice in the intern year and while most were aware of this switch in focus in advance many did find this somewhat challenging.
- It is important to highlight that most interns felt very unprepared and unsupported during their first on-call experience and were concerned about the risks their inexperience could potentially pose to patient safety.

"I was on-call my first weekend and had responsibilities I shouldn't have had. It's not safe for patients." Intern.

"The first is a hairy month for interns…. and patients." Stakeholder.

The transition into intern year is a challenging one with the shift from memory and knowledge based learning to responsibility for patients. A more gradual release of responsibility is required, particularly in relation to call and its potential impact on patient safety.

Overall Experience

Positives

- Interns unanimously felt that the year prepared them for the next stage of their career.
- This was primarily attributed to the 'experience' focused nature of the intern year with on-call duties having the greatest impact and providing the steepest learning curve.
- The current duration of rotations (3 months) and the focus on achieving experience in both medical and surgical settings was considered a strength of the intern programme.

"The biggest thing for me was learning to trust my own knowledge and instincts." Intern.

Challenges

- Many found the year to be extremely intense and found it difficult to maintain a work life balance.
- Interns reported significant variations between the quality of rotations and this was attributed to the team they were working with. Some registrars were rated extremely highly and considered to be very supportive, while others were not.
- The challenges were more pronounced amongst interns who were not allocated to a hospital affiliated with their medical school.
- Hospitals are considered to be very inefficient (e.g. relying on paper based methods) resulting in frustration amongst interns.

Interns overall felt the experience to be a rewarding one. There was some variation between rotations but most interns reported positive experiences across the year.

The Role of the Intern

Positives

- The role of the intern is more defined in the established specialties.
- Many interns indicated that they feel more comfortable in their role by the second rotation.

"They made it quite clear during the induction week." Intern.

"You're always going to be at the bottom of the food chain. You can be a personal servant to the nurses." Intern.

"The intern year can involve a lot of ego-destructive, brain dead work." Intern.

Challenges

- It was unanimous that the role of the intern outside of the established specialties is undefined and subject to interpretation by individual hospitals, teams, registrars and interns themselves.
- There is a sense that it is currently too administrative due to the hierarchy in hospital care.

"Different specialties have different expectations. In orthopaedics you can be sitting there just ordering x-rays!" Stakeholder.

"We need a clear definition with an experience focus." Stakeholder.

There is a strong desire and need for a defined description of the role of the intern that takes into consideration both learning and service provision.

Support & Guidance

Positives

- Few reported having direct contact with their network co-ordinator outside of the specified points. However, all considered their network co-ordinators to be a source of advice should it be required.

"I'm pretty sure there is support there, I didn't need it though." Intern.

- There was a general consensus that if the intern was doing well, it was unlikely that he/she would get any feedback or have any communication with the intern co-ordinator.

- Peer support was deemed the most useful form of support by interns. Many mentioned social media as a tool with Whatsapp being cited as particularly useful.

"There's great comradery between the interns." Intern.

Challenges

- While lack of co-ordinator contact was recognised as 'no news is good news', many found not receiving feedback or guidance of any kind to be quite difficult.

- Stakeholders indicate that the responsibility for welfare is unclear and appears to be falling between the different organisations. Suggestion to have an experienced, yet impartial, support person.

- Uncertainty over role of medical school in welfare issues, not all aware that they remain a student and therefore have access to facilities.

"There is a chain of communication you can use, but with 'consultant power' you might be afraid of implications." Intern.

While the interns interviewed reported not requiring additional support they did indicate an awareness of its availability. However, there were some concerns raised over the impartiality of such a service.

Assessment & Feedback

Positives

- Some reported good structured feedback from consultants, although this was not common place.
- Those on peripheral placements tended to work in smaller teams and get more bespoke feedback.

"I have to say that the peripheral hospital has turned out to be great. I've been quite lucky with my team and have been taken in under my consultant's wing. I know other interns who are just glorified phlebotomists." Intern.

"Basically you're either competent or incompetent, there's no in between." Intern.

"You only get pulled aside if you're acting dangerously." Intern.

Challenges

- Attainment is not clear and is subjective. It is perceived that there is no clear, independent remediation process.
- Stakeholders indicated more robust assessment is required, although concede the difficulty in implementing this. Dissatisfaction with reliance on trainers/ supervisors.
- Some stakeholders indicated that assessment should be more defined and "360°" in nature with the views of nursing and administrative staff also considered.

"Assessment is currently very primitive, it needs to be more interrogative." Stakeholder.

More formative, formalised assessment and feedback would be welcomed by interns and stakeholders alike. It is currently perceived as being sporadic and subjective.

Attainment of Learning Objectives

Positives

- The focus on experience and list of requirements is relatively clear.
- The "protected hour of teaching" and mandatory nature of lectures is deemed to be a positive attribute with most interns enabled to attend the 80% minimum required.
- While those in peripheral positions were initially concerned about the lack of lectures and tailored induction week programmes they have found the quality their placement to be excellent due to more hands on nature and smaller group teaching.
- One intern mentioned case presentations and preparing an online portfolio for a competition and cited this as an excellent motivator.

Challenges

- Perception that there should be a consistent "core period" rotation in core specialities.
- Training lectures vary in quality depending on hospital/ person. Some are excellent and interns and stakeholders alike would like to see the best ones being standardised, recorded and made available at a later date and between hospitals.
- Access to the lectures is reduced for those on peripheral placements. Access to consultants who also do teaching is limited.

> "*In one hospital we had to take bleepers off the interns during lectures so their teams would respect these lectures!"* Stakeholder.

While most interns indicated a steep learning curve and excellent hands on experience this again varied considerably between rotations.

Preparedness for Next Level

Positives

- Stakeholders and interns indicate high levels of satisfaction with preparedness for the next level, whether this is in Ireland or elsewhere.
- Most interns feel they have had at least some exposure to best practice methods and learnt from their teams.

"There's definitely a much smoother transition at this next stage." Stakeholder.

"I felt really prepared for being an SHO and knew what to expect. SHOs should be used more to help interns." Intern.

Challenges

- Career planning is a challenge with interns needing to make applications early in the intern year.
- Career guidance from teams is largely down to good will and varies considerably between placements.

"There seems to be a great deal more uncertainty about what to specialise in these days. I'm not sure what's driving it." Stakeholder.

"I'm in two minds as to whether I'm getting good training or not. Am I picking up bad habits?" Intern.

Stakeholders and interns alike are confident in interns ability to proceed to the next level of the training programme upon completion of the intern year. One aspect for improvement is careers guidance support during the application process, and possibly reconsidering the timing of these applications.

Additional Quotes: Experience of Intern Year

"I am very confident that interns get the knowledge and skills they need, it's a valuable process." Stakeholder.

"There seems to be much less heading off to Australia, Canada etc. this year." Stakeholder.

"The biggest learning for me this year was how to be and how not to be a good doctor." Intern.

"Clinical supervision during the day is very good, this has improved over the past five years." Stakeholder.

"The lectures on common cases, early warning score and emergency suggestions were really fantastic." Intern.

"The best rotations were the ones were you get more patient contact while having support." Intern.

"Some of the lectures really are outstanding, especially the smaller groups and more practical ones." Intern.

"I absolutely loved the intern year, I was really lucky with all my teams and rotations." Intern.

"I'm on a GP placement, so that's peripheral, and I am gaining so much experience. I have my own room, my own patients. I get to make decisions and have them signed off by a supervising GP." Intern.

Additional Quotes: Experience of Intern Year

"Consultants should be encouraged to discuss progress midway, mine are good at this, but I've heard of others who aren't. It should be more formal." Intern.

"The European working time directive has reduced exposure to clinical hours." Stakeholder.

"I would have liked more guidance on how to progress, I now know surgery is not for me but I could do with more advice." Intern.

"I don't think it's truly possible to make these choices at that stage." Stakeholder.

"As you went along you had to infer what was required, figure out using intuition." Intern.

"The role was not clear at all. The hospital didn't know what they wanted. It was their first time having an intern and no-one told them what an intern was!" Intern.

"There is definitely conflict between the interns getting experience and providing a service." Stakeholder.

"I was on-call on my second night. That's just dangerous." Intern.

"There is a big difference with students who are placed in their own hospitals, they know people from college and know the setup." Stakeholder.

"There was no on-call at all in [hospital], we had to fight for it! That shouldn't happen." Intern.

"I am confused about the 80% attendance for peripheral placements, it's really stressing me out actually." Intern.

"There should be a more gradual release of responsibility for patients." Stakeholder

"It's a training job that also provides a service." Stakeholder.

SECTION 3: Governance of Intern Year

Governance

- Governance is perceived as disjointed between the bodies with too many people involved and little ability to instigate change.
  - Perception that the HSE has improved since change in management there.
  - Meetings between the key bodies are perceived as being infrequent and unstructured.
  - Perception amongst medical school stakeholder that medical schools heavily subsidise intern year, yet not permitted to include it in budget.
  - One stakeholder cited there being "blurred lines" and a "turf war" between the Medical Council, HSE and Medical Schools.
  - The network co-ordinators are perceived as having implemented change and continue to do so.
- Overall it is perceived that more should be done to train the trainers and support them more, this responsibility is perceived to lie with the medical schools.

> *"We need to train the trainers more consistently."*
> Stakeholder

> *"The HSE fund it which drove them closer. It shouldn't be that way, the Medical Council should set the requirements and the HSE should audit."* Stakeholder.

A more cohesive and united front amongst the stakeholder bodies (HSE, the Medical Council, Medical Schools etc) would be welcomed.

Medical Council

- The Medical Council is perceived as having great responsibility and limited accountability and subsequently little ability to impact, while the HSE has big impact with little responsibility. Some interns and stakeholders state that the Medical Council should be accountable for more consistent quality of the internship programmes across the hospitals as there is currently too much variance.
- The Medical Council is associated with accreditation of hospitals and stakeholders recalled incidences where hospitals resolved minor issues upon recommendation from the Medical Council in advance of intern placements. They are not perceived as being involved in remediation.
- One stakeholder highlighted a recent meeting with the Medical Council and now feels more confident in knowing who to contact there. Cited more frequent meetings of late while previously meetings were infrequent and tended to be in response to a problem.
- Interns have a general understanding that the Medical Council oversee accreditation of the hospitals. There is some awareness of the Certificate of Experience which is seen as something primarily for people who plan to emigrate. Many only aware of Medical Council through having to pay fees.

"The Medical Council won't say they support something, they say 'We don't disagree with it'. This is mostly the longer term staff." Stakeholder

"The Medical Council has responsibility but not a lot of accountability." Stakeholder

The Medical Council should communicate its role, and be more forthcoming with its stance, to resonate more with interns and stakeholders.

Additional Quotes: Governance of Intern Year

"The administrative co-ordinators have done a nice job and are pretty creative in coming up with new (rotation) options." Stakeholder.

"The list of tasks that have to be completed is a really good starting point." Intern.

"I'm concerned about some of the rulings, such as a ban on mid-year starts, even in cases of maternity leave and sick leave." Stakeholder.

"They have initiatives that suddenly stop, like the 'Intern Training Reform' group about 4 years ago." Stakeholder.

"I don't understand why a repeat student can't get an intern post until October, despite a post coming up in January." Stakeholder.

"I don't see the accreditation because there's such a variance between consultants and disciplines." Intern.

Conclusions

Conclusions

- Interns are generally very positive about their experiences during the intern year with stakeholders holding similar views on the key strengths and key challenges facing interns.
- However, the key areas for improvement are …
  - More support during the first on-call experience with a gradual release of responsibility to interns.
  - More simulation based training/skills based workshops as part of both the pre-internship experience and the ongoing training lectures.
  - Consider increasing the intern shadowing process and making it a more formal, structured aspect of training. Allow sufficient time for a handover from the previous intern.
  - More structured, formal feedback on intern progression against a range of pre-determined measures.
  - Reduce/manage the volume of administrative tasks where possible.
  - Define the role of the intern and a clear set of responsibilities for both the intern and the clinical teams.
  - Greater consistency between hospitals/teams/lecture (less reliance on the 'good-will' of the team).
  - Do more to include those on peripheral internships and ensure they are getting access to the same levels of teaching as their peers.
  - Consider aligning interns with their affiliated hospital for their first rotation.
  - Provide access to career planning services during intern year in advance of application deadlines.


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